•	Complete and send	form, together with		e(s), to: <u>M</u> : or <u>F</u> :	a <u>il</u> Mai Con P.O. Alex	l Stop ISSUE amissioner fo . Box 1450			
	INSTRUCTIONS: This for appropriate All further co-indicated unless control maintenance fee addition for	orme should be used for transfer ondence including the blow or directed otherwise ins.	smitting the ISSUE Patent, advance order in Block 1, by (a)	FEE and Plers and notifications and specifying a	UBLICATIO cation of ma new correspo	N FEE (if requiintenance fees vondence address;	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
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	ONE SPRING HO BOX 457 321 NORRISTOW SPRING HOUSE.	OUSE CORPORATION ON ROAD PA 19477	CENTER		States addre	by certify that the Postal Service value of the Mai mitted to the USP	is Fee(s) Transmittal is bein	ng deposited with the United rst class mail in an envelope a above, or being facsimile	
01 FC		001 10621059 1400.00 OP 300.00 OP				1hr	15-2005	(Signature) (Date)	
	= 1504 = 80(Application no.	FILING DATE OP	F	IRST NAMED	INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/621,059	07/16/2003	· · · · · · · · · · · · · · · · · · ·	David M. N	Melrose .		GRM81BUSA EFLOREST 00000001 10	8818	
	TITLE OF INVENTION: H	IOT-FILLABLE MULTI-SI	DED BLOW-MOL		-	01/31/2005 01 FC:1501 02 FC:1504 03 FC:8001	EFLUKES1 00000001 10	1400.00 DP 300.00 DP 3.00 DP	
	APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICA	ATION FEE	TOTAL FEE(S) DUE	DATE DUE	
•	nonprovisional	NO	\$1400		\$	300	\$1700	04/14/2005	
	EXAM	MINER	ART UNIT	IT CLASS-SUBCLASS					
	MAI,	TRI M	3727		215-3	381000			
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Howson and Howson 2 3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Graham Packaging Company, L.P. York Pennsylvania USA								
		Packaging Compa	.			-,		_	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity									
	4a. The following fee(s) are enciosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
		small entity discount permitte		_		Form PTO-2038	00 20)40	
		f Copies		The Direct Deposit Accou	tor is hereby int Number_	authorized by c	harge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).	
	_ '	(from status indicated above	:)	_	1		LL ENTITY status. See 37 C		
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	Authorized Signature	MUL			,	DateJ	anuary 25, 200	5	
	Typed or printed name _	William Bak				Registration	No. 37,277		
	This collection of informatian application. Confidential submitting the completed a this form and/or suggestion. Box 1450, Alexandria, Virginia 22313-	-1430.					the public which is to file (an minutes to complete, includi minutes to the amount of ti Trademark Office, U.S. Dep. S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

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Under the Par	ANSMITTAL FORM	95. no berson	Application Number	10/621,05		uniess i	displays a valid OMB control number.		
TRITT	ÄNSMITTAL		Filing Date	July 16, 20	July 16, 2003				
	FORM		First Named Inventor	Melrose e	Melrose et al.				
			Art Unit	3727	3727				
(to be used for	all correspondence after initi	al filing)	Examiner Name	Tri M. Mai					
Total Number of	Pages in This Submission		Attorney Docket Numbe	GRM81BL	GRM81BUSA				
		ENC	LOSURES (Check	all that apply	<i>(</i>)				
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Fee Attached			icensing-related Papers				al Communication to Board peals and Interferences		
After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request				e Address					
	SIGN	ATURE O	F APPLICANT, ATT	ORNEY, C	R AG	ENT			
Firm Name	Howson and Howson								
Signature Will N				<u> </u>					
Printed name William Bak									
Date January 25, 2005				Reg. No.	Reg. No. 37,277				
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Fees pursuant putils, ansolida	Complete if Known					
Fees pulsuant pline consolida	Application Num	nber	10/621,059			
FEE TR	Filing Date		July 16, 2003			
For	FY 2	005	First Named Inv	entor	Melrose et a	11.
Applicant claims small	ontity status	Soc 27 CED 1 27	Examiner Name		Tri M. Mai	
Applicant claims small			Art Unit		3727	
TOTAL AMOUNT OF PAYN	/ENT (\$)	1703.00	Attorney Docket	No.	GRM81BUSA	
METHOD OF PAYMENT	(check all	that apply)				
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		t Number: <u>08-30</u>				n + HOWSON
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Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEAR	CH. AND	EXAMINATION FEES	·			
	FILING I	FEES SEA	RCH FEES Small Entity		NATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$) Fee (Fee (\$		Fees Paid (\$)
Utility	300	150 500		200	100	
Design	200	100 100		130	65	
Plant	200	100 300	100	160	80	
Reissue	300	150 500	200	600	300	
Provisional 2. EXCESS CLAIM FEE	200 s	100 0	0	0	0	Small Entity
Fee Description	9					Fee (\$) Fee (\$)
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Multiple dependent claim Total Claims	s Extra Claim:	s Fee (\$) Fee	Paid (\$)	Multiple	e Dependent Claims	360 180
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HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>						
HP = highest number of independent claims paid for, if greater than 3						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 =		/ 50 =	(round up to a w	vhole num	nber) x	_=
4. OTHER FEE(S) Non-English Specific	ation, \$1	30 fee (no small entity	discount)			Fees Paid (\$)
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SUBMITTED BY							
Signature	ANJUL M	Registration No. 37,277 (Attorney/Agent)	Telephone 215-540-9216				
Name (Print/Type)	William Bak		Date 01/25/2005				

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